

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/56898 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6						
7						
8						
9		3				
10		3				
11		3				
12		3				
13		3				
14		3				
15		3				
16		3				
17	1					
18		1				
19		2				
20		2				
21		2				
22		3				
23		3				
24		3				
25		3				
26	1					
27		1				
28		1				
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31	1					
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40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46			14			
47			1			
48			3			
49			3			
50			1			
TOTAL IND.			4			
TOTAL DEP.			32			
TOTAL CLAIMS			36			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						